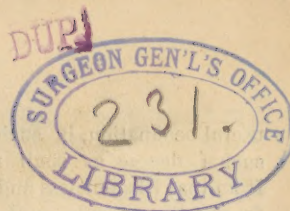


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MANAGEMENT OF THE INSANE.

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The question of the proper care and disposition of the insane is one of no small import in every civilized community. It assumes an especially practical importance, in any state, where the duty of making the necessary provision, for the purpose, at the public expense, is generally recognized and acted upon. In this state, at this time, the subject deserves renewed attention, because in addition, to present means for the cure and custody of the Insane, two large establishments are in progress, the one at Poughkeepsie and the other at Buffalo, for the same purpose, at an aggregate cost of five millions of dollars.

Two systems or methods of construction for such asylums have been adopted in Europe. The one may be described as the House, or Pavilion System; the name depending upon the form or compactness of the buildings. The other is known as the Cottage System. Each have their advocates, and the discussion has been conducted with some warmth on both sides of the Atlantic.

In the former, all the patients are brought together, for care and treatment, in a single building or series of connected buildings. Under this system, the necessary classification of patients is obtained by separate and distinct wards; in some instances, with airing-courts attached. The advantage is that the medical officer, in dressing-gown and slippers, can visit his patients, at any hour of the day or night, with the slightest degree of inconvenience to himself.

The disadvantages are: the cost of struct-

ure for the accommodation of the patients is greatly increased, by the fact, that each ward must be complete in itself, with all the appliances to meet every want of the patient, natural or hygienic; with expensive heating, water and ventilating apparatus. Then, there is the relatively rigid enforcement of a lock and key system of control, essential for the safety of the few, but to the many a source of extreme dissatisfaction and repinings. In the Cottage System, on the other hand, is provided a central building for administrative purposes, and the custody of patients requiring strict confinement or constant medical treatment. In other words, it is a hospital, strictly. This central structure is adequate to the reception of some 25 per cent. of the aggregate number of patients or insane persons. The remaining 75 per cent. are provided for in detached buildings, termed cottages; in which a proper classification is maintained with reference to the peculiar needs of each class and their capacity, for some form of industrial occupation; and at the same time interfering as little as possible with each one's personal liberty.

In the management of the insane two things seem to be quite desirable. Both of these are related to the comfort and well-being of the patients; both are of interest to their friends and the public generally.

The first of these, is the absence of any more restraint than is necessary for the security and well-being of the patient and the safety of his care-takers.

The second is in supplying the means of

useful occupation, in such a form and to such a degree as shall relieve the insane from that irksomeness and weariness, that so frequently attends and embitters asylum-life; and at the same time relieve the taxpayer of some of the burdensomeness of the support of such institutions.

It is confessed by the Superintendents of Insane Asylums in this country, that the amount of useful labor accomplished by patients here is very much less than in kindred institutions in Europe. Even there the tendency is to still greater employment of the insane, both as a means of cure and as a matter of economy.

In this state, the Willard Asylum for the insane was established to receive all the chronic insane poor. As a part of the plan the employment of such patients, in industrial pursuits was contemplated, just so far as it was found to be practicable. To this end, a large farm was obtained, and to a certain extent the "cottage" system was adopted. But as might have been anticipated, some difficulty has been experienced in completely fulfilling the design of its founders, in its industrial features.

The patients first received, were not only enfeebled by the long continuance of their malady, but were still further incapacitated for labor by long confinement and by the habits of idleness, engendered in other institutions. It should also be mentioned that through the construction of the law by the overseers of the poor, in many instances, only the violent and completely demented, or in other words the most troublesome patients were sent to the Willard Asylum, while the more tractable and harmless ones were retained in the County Poor Houses. Then again, for those in charge of the new enterprise, it took time to educate them for their peculiar duties of supervision of such industrial occupations, as well as to devise methods and appliances for carrying them on. Some discouragement, also, attends any attempt to run counter to the general policy and prejudices of those in charge of kindred institutions. But that the task is a hopeful one even at the Willard Asylum, and as an evidence that a similar policy of management might be advantageously introduced, to a degree, into the other state institutions

for the insane, we present the following extract from a late report of the Argyle District Asylum in Scotland. This institution has 196 patients and occupies a farm of 400 acres. Dr. Rutherford, the Medical Superintendent says:

"The practice in treatment, adverted to in former Reports, has been still further developed during the year. No form of mechanical restraint, seclusion, or confinement in airing courts has been resorted to. The administration of drugs has been restricted to cases in which a recognized bodily disease or disorder was actually discovered. No sedative or stimulant medicines have been given to subdue excitement or depression. Comfortable apartments and clothing, a liberal dietary, and abundance of out-door exercise in the form of employment or recreation have been the means used to subdue the manifestations of mental disease. The use of opiates has been restricted to an occasional draught at bed-time, generally in cases of illness, where it would have been required independently of the mental condition of the patient. Alcoholic stimulants have—doubtless owing to the healthy stimulus imparted by useful out-door exercise—also been little required during the year. The actually sick, and the weakly old people, have been the principal recipients of this kind of medicine. The use of single rooms for patients inclined to be noisy and restless, continues to be restricted as much as possible.

"An aversion to regular well-directed industry is a characteristic of chronic insanity; and in this institution, to combat the tendency of idleness or to do only such things as are in accordance with the disordered fancy, is a leading principle of treatment. To see chronic lunatics, strong and in the prime of life, strolling about all day in pleasure grounds, each indulging in his own morbid thoughts, is, as may be imagined, a painful and depressing spectacle. Mere walking exercise, be it ever so regularly taken, has very little influence in counteracting these morbid manifestations. Indeed, walking exercise, daily and regularly taken within an Asylum grounds, possesses, in my opinion, very little value as a means of treatment of chronic able-bodied lunatics. In recent and acute cases, it may be of value as a means of restoring bodily health, on which the mental condition so often depends. Useful employment in the open air is, of all kinds of exercise, the best. It requires no argument to prove that what is necessary to maintain the bodily and mental health of the sane, is the best means of improving that of the insane, and of bringing them more nearly into the condition of healthy persons. In this way can even incurable lunatics be brought into that state in which Asylum treatment is no longer necessary, and boarding out is found so beneficial both for the patient and the ratepayer. The facilities for this mode of treatment have, during the past year, been increased by the taking of the farm of Fernoch. Full advantage has been taken of this and other facilities granted by the District Board, and the result is now beginning to be apparent in the state and habits especially of the male patients. Three years ago, only about 40 per cent of the men were employed, the remainder were treated as idle and incapable, and were

walked about the grounds and the fields—the use of airing courts having been for some time previously abandoned. About two years ago it was seen that this aimless walking, although an improvement on confinement in airing courts, had not the improving effect on the idle patients that the farm and garden work had on the workers. Walking parties were therefore discontinued, and the practice of sending all to the fields was tried with the most beneficial results. With each working party two attendants were sent—one to direct the work, the other to look after the non-workers. It was now found practicable to send only one attendant with each party, which generally consists of from 6 to 15 men; the number of idle patients being so few that it may be said that every able-bodied patient engages in the work. This has been brought about by the influence of example and habit, than which nothing has greater influence on the insane and weak-minded. No difficulty is experienced with new cases coming into the Asylum. They fall at once into the system already in force. More difficulty is experienced with those transferred from Asylums where they have already acquired other habits, and with those of the present population who have been for many years the idle inmates of Asylums, and are disposed to look upon exertion as a hardship, and work as a thing to be avoided. There are at present 6, and occasionally 7, parties of men, and 2 of women, constantly employed on the farm and grounds. The proportion of men engaged in real work is 85 per cent."

In view, of the good sense and breadth of views of Dr. Rutherford and the admirable results attained under his management, it will not be wondered at, that his labors have received the highest commendation from the Scotch Commissioners of Lunacy.

In an article in last week's issue, we called attention to an extract from a report of an asylum for the Insane, in Scotland, in which industrial occupations had been very successfully introduced, to the great benefit of the patients, every way.

The subject of the treatment of the insane is one of such direct personal interest to so many families in the State, besides its bearings as a leading topic in modern social science, that we return to it again in the present number.

However we approach the subject, we are confronted by certain facts, always recurring, which show that there is a deep-seated jealousy in the public mind as to the management of Lunatic Asylums, that is to be exceedingly regretted. It is seen in the tone of the public press in discussing their management. It is seen in the avidity with which every

criticism, however unjust or inconsiderate, that issues from the press, is welcomed by the readers of every grade in the social scale. It is seen in the legislation that seemingly busies itself more in placing obstacles in the way of admission to our asylums than in anything else.

Of course such a state of public feeling operates unfavorably in a variety of ways. It often prevents the early removal of patients to such institutions, when as experience shows, successful treatment can alone be hoped for. And when their removal thither can no longer be avoided it leaves in the minds of friends a deep shade of distrust and anxiety.

This general distrust and prejudice doubtless dates back to a time when the treatment of the insane was very different, in every way, from what it now is; when a thick veil of mystery hung between the inner life of the Mad House and the world without, and when through a laxity in the laws sane persons were sometimes immured for life by interested parties for selfish ends.

It has been kept alive, in a measure, by the reports of patients to credulous friends as to what they saw or heard or felt while inmates of this or that asylum. These statements often honestly made are yet perversions of the truth resulting from delusions still lingering in their minds.

It operates in another direction with an equally disturbing force. I refer to the injustice often done to those in charge of institutions for the insane by misapprehensions and misrepresentations of what is the daily life of the patients within their walls. Even when no instance has occurred in the history of any institution that has elicited individual or public censure, nevertheless the officers in charge from the unfortunate experience of kindred institutions may yet labor under a constant anxiety lest a similar experience may fall to their lot. For every dismissed official or attendant, every partially restored patient, who leaves, may carry concealed weapons for an attack upon their administration. The responsibility of all connected with an insane asylum, at the best, is no small tax and strain upon their powers and sensibilities without the weight of anxieties that should be foreign to their vocation.

To obviate this double-edged prejudice in

the public mind several correctives or modes of action may be suggested. And while these means immediately result and derive their force from legislative enactments, yet in their primary impulse or origin they lie within the reach of the influence of those who have the control of our insane asylums; under their present organization.

The first of these is an effective supervision by an officer, or officers, representing the public interests. In other words, the appointment of a commissioner, or a board of commissioners in lunacy, in whom the public have confidence, and who are at the same time so far above and apart from the immediate care of these asylums, as to be free from the suspicion of being warped in their judgments by too great familiarity with the organization and administration of the institutions under their supervision. That the duty is thoroughly performed, will be seen by the annual reports made to the proper authorities, and covering all matters in which the public feel an interest. On the one hand, such a commission would secure the safety and well-being of the insane, as is its main purpose. On the other, to any unjust imputations upon the management of any institution, it would always be an adequate protection and defence.

It may be said that Boards of Trustees of individual asylums, as now constituted, meet this very want. But the public mind evidently does not thus reason, for the public prejudice exists in spite of these Boards of Trustees. Some of the obstacles to the exercise of an impartial judgment on their part are quite obvious. Thus, from the intimacy of their connection with the personal staff of the asylum; from their familiarity with the mode of treatment of the patients a system perhaps that has grown up gradually under their own eyes, their relation to it becomes a personal rather than a public one.

Then, the deference properly due on the part of trustees to the opinions of the Superintendent, in the ordinary details of management, when exaggerated, becomes too often an indiscriminate partisanship of his whole policy.

For years Boards of lunacy have existed in many countries in Europe. In fact, it may

be said that some independent supervision representing the State and public interest has existed in every European nation, where asylums for the insane have been established. Attempts have been made from time to time, in different states of this country to secure such independent supervision, but they have not been successful, except in one or two instances, and within a few years. The main cause of such failure has been the opposing influence of the Trustees and Superintendents of asylums for the insane. The reason for such opposition was substantially that in their judgment "commissions of lunacy were unnecessary, cumbersome and injurious." The fact of their opposition has somehow caused an impression to go abroad that there might be something of management covered up that should be exposed.

A book has been recently published with the sensational title of "Behind the Bars." In it a lady of culture and refinement, who has been an inmate of one or more of such institutions, gives, evidently in good faith the results of her experience of asylum life. Amid some complaints, that are obviously the result of a but partially restored sanity, there are one or two points that appeal strongly to the popular feelings. One of these, relates to the failure of Boards of Trustees to perform any real service of inspection, for which they were appointed. She substantially represents these gentlemen, usually non-professional men, as passing through the wards of any institution in company with the Superintendent, a person clothed with quite despotic powers, and seeing everything through his eyes. They may perhaps listen to the complaints of the inmates, but give them no consideration or weight, in view of the opposing testimony of ignorant attendants or of medical officers who have become hardened to their discomforts and sufferings by long familiarity with asylum life.

We have dwelt at greater length upon this question of supervision than we intended. In another article we propose to suggest some other modes of disarming the public prejudice against the management of insane asylums.

In our last article on this topic, we spoke of the prejudices existing in the public mind in regard to the management of insane asylums. As was then said, this was greatly to be deprecated for the two-fold reason, that it acted to the injury of the patients and their friends in many cases; and more particularly in view of the injustice often done to those connected with such institutions in an official capacity. We then proposed to suggest some of the means of abating such adverse prejudice, confining ourselves mainly to such modes of action, as might seem to lie within the scope of the influence of such officials. At that time and to that end, we spoke of the appointment of Boards of Lunacy or a commissioner in lunacy; or in other words some agency of thorough supervision. In the further discussion of the subject we shall content ourselves with but a single other suggestion, or at least, with suggesting measures that may come within the compass of a single formula or expression.

In brief, then, it is the assimilation of the management of such institutions, as closely as possible, to the general organization and methods that obtain in any other hospitals. This does not comprehend or express the full idea we would convey. To meet this default of statement, let it be premised that the patients in an insane asylum may be divided into two classes; the one needing constant or periodical medical care and treatment; the other, only requiring what is known as "moral treatment" with incidental and occasional services of the medical officers. We would then assimilate the treatment of the first class to that in use in any ordinary hospital, plus just such special means of restraint, seclusion or remedial agencies that the treatment of insanity sometimes demands. In the case of the others, we would surround them with the same kind of circumstances and influences as would properly attend the state and condition of invalidism, elsewhere. Thus, there would be no more personal restraint than was absolutely necessary. The habits of living would be normal. Such occupation and employments would be supplied and insisted upon as might fall within the range of the patient's previous life and habits. In diverting morbid trains of thought or feelings, amusements

may sometimes be of service, but the most effective resource for the relief of such conditions, in the case of the average insane man or woman, is in systematic and useful occupation.

In the brief compass of a newspaper article only the general aim can be stated. The mode of carrying out such purpose can only be hinted at. The methods, in detail, of such reform must be the result of careful study and some experiment on the part of those familiar with the subject and practically engaged in the work. Of course as in everything else, where quite radical changes are proposed in institutions or policies long-established, difficulties will arise, some real, some unforeseen and some imaginary.

The general policy of institutions for the insane are in a measure traditional. To be sure, under the influence of a higher civilization, most of the worst features in the former conduct of such asylums have disappeared and given place to more rational and humane measures. But the autocratic and somewhat arrogant spirit of the direction and a general theory of constraint and confinement still remain. Let us see then what might be done in the direction of the general purpose named.

Most institutions for the insane are located in the suburbs of cities or large towns. In such cases, might there not be appointed a board of visiting or consulting physicians who should regularly visit it professionally to assist in the care of that portion of the inmates, whom we have described as needing positive medical treatment? In which case it would be manifest to the public that the patients under such an arrangement would have, first, the immediate care and oversight of specialists in the medical profession—specialists in the sense of experience in mental diseases—and, secondly; the benefit of the wisdom, skill and more comprehensive experience acquired by physicians in the general practice of their profession. In former times, it might have been said, in this connection, that the care and treatment of the insane is always a work so peculiar in its character, that it would be presumptuous in the ordinary medical practitioner to hold an opinion or offer an opinion in the presence of the alienists in charge. But new views

now prevail. The modern theory of insanity is that it is a physical disease. At all events, very early in the progress of the malady, the physical system becomes so involved or diseased as to demand treatment. And thus insanity takes its place in the general category of nervous diseases, to be met on the same general principles of medicine as in the case of any other nervous diseases: at least, so far as, strictly speaking, the medical man is concerned. The leading writers on the subject take this very ground. They would have the matter introduced into the course of studies of every medical school, and this is being done.

Another consideration may be offered here, though not strictly within the line of our argument. The primary cause of insanity, in many cases, is, confessedly, in organic or functional disease in parts remote from the brain, which is then only secondarily affected; or again, such organic or functional disease may attend its course. It may have its origin perhaps in physical causes so subtle that only the skill and resources of the specialist in other departments of medicine can detect their seat and fully meet the indications, in the way of treatment. Thus take the wide range of cases which have their source in the diseases peculiar to women and we can see how valuable might be the advice and counsel of a physician, from outside, in their proper diagnosis and treatment.

To be sure, beyond and above the strictly medical treatment, there is what is known as the "Moral Treatment" of the insane. This is an art by itself and is the special function of the alienist. Within this sphere, the consulting physicians suggested would not properly intrude.

But leaving this we come to the main resource in dissipating public prejudice in relation to insane asylums. This is the removal of restrictions on the personal liberty of patients, to the greatest practicable extent. Those familiar with the subject, are aware that many of the insane are entirely harmless; that many who have transient periods of excitement are at other times in a condition not requiring personal restraint. But our asylums have been constructed as if all needed personal restraint at every stage of their malady. The rules and customs of the

house are based upon the same notion. There are locks on all doors, and guards on all windows, continually suggesting ideas of duress or escape. The patients are too commonly under constant confinement or else at large only under the care and ward of an attendant upon whose judgment or whose whims the range of liberty depends.

The larger liberty we advocate, of course, involves a greater freedom of communication with the world outside the asylum grounds. This diminishes the risk of neglect or abuses on the part of attendants; a risk that officers of such institutions feel more than others can.

Dr. Zellar, the accomplished physician in chief of an asylum for the insane, located about fifteen miles from Stuttgart, in Germany, when a remark was made to him upon the infrequency of governmental inspection of his establishment, replied. "What need is there of inspection? Everything that occurs here is known in Stuttgart."

Under such arrangements and conditions, a hospital for the insane would have no more terrors to the patients and their friends, it would seem, than any other hospital or "cure." One other observation should be made to prevent misapprehension. While advocating the granting of the greatest degree of personal liberty practicable, to all patients we are bound to confess that because any given patient is particularly clamorous for freedom, that craving is not the best evidence of the ability to bear well such liberty. As to this, as well as to the question of ultimate discharge, the determining power, as to the degree of restraint necessary, must still reside in the discretion of the officers in charge.

In this connection, it may at once be thought or said, perhaps, that the prevailing habit of restraint in our asylums is, in itself an evidence that the practice is a necessity. Is not here a case, where the judgment and the testimony of the experts should be accepted as conclusive? It will be conceded, however, that perfection has not yet been attained either in the theory or practice in the care of the insane. The history of almost every improvement or amelioration in their treatment has been gradually wrought out in the face of the prejudices of those accustomed

to the old-time methods. Such reforms have been accomplished in spite of routine and authority all pulling and braced in an opposite direction. But further it may be added that the reform now proposed had its origin in the experience of some of the older of those familiar with insanity in all its relations, and has been gaining ground and securing converts from the ranks of those who once were more than doubters of its expediency. It will be possible, however, only as it goes hand in hand with that enlarged provision of varied employments, that was proposed and shown to be possible, in our former article.

Dr. Earl, one of the oldest and ablest members of the profession in this country, after describing his visit to a French institution where "a spirit of industry reigned in all departments," thus remarks: "It affords a standing and striking example not only of the advantage and the beauty of a well-organized and detailed moral management, but also the extent to which employment may be substituted for bolts and bars and the equivocal tranquility of the tranquilizing chair."

In concluding this article we appeal to the testimony of one whose judgment and standing in the specialty can hardly be questioned. Dr. Tuke, from whose reports the following extracts are made, is a leading authority in Great Britain in all matters relating to the insane:

"Finding that the open door system worked so well in the new buildings, I was led to extend it gradually to the main Asylum. First of all, the doors between the various wards and corridors were left unlocked, and, subsequently on the male side, the outer doors have stood open. I have had no reason to regret this step, on the contrary, I believe that it has conducted materially towards the welfare of my patients; only one escape has occurred in consequence in four months and that one of no moment. My conviction is that the locked door and grating key induce a desire to abscond from the very irritation caused by their constant obtrusion on the sight and hearing. For many years I as an asylum physician have applied a key to every door I had to open; it has ever and always grated on my ear—how much more must it have grated on the ears of those confined through its influence. Few whether sane or insane, can overcome the loss of personal liberty: but when it is restricted from necessary causes the subject of detention benefits from the absence of mechanical restraint. The result of my experience in the management of men, sane or insane, is that the more one trusts to their sense of

honor the more easily and pleasantly are they guided. By placing the very large proportion of my patients on *parole* I enhance the value of the comfort and pleasant surroundings of the Asylum, of the kindly treatment and good food, of the amusements and healthy employments; and by inducing a friendly and honorable relationship, founded on mutual trust in each other, a degree of contentment results as to their lot in at least 95 per cent. of the Asylum population. The odd 5 per cent. desire to escape; but why should I punish the 95 in order to confine the small balance of irreconcilables, the nature of whose disease is such as to render them erratic? Few such cases exist at the present moment in your Asylum, and I trust that they will soon disappear altogether under the 'open door' system; they are provided for either by special supervision, or in the case of females, in number 6, which is lockfast. I hold it to be cruelty to apply to the contented majority the maximum of restraint, in order to confine the minority who require its application. Whatever induces self-respect, individuality, or responsibility is productive of a healing or ameliorating influence on the insane. I trust your Board will see the way clear to assist me in developing this system of treatment further, by substituting common handles for locks in the dormitories, as it may from time to time seem expedient.

"I may mention here another modification in the treatment of *recent* cases, which has been adopted with considerable success during the past year—it consists in discharging, on Lunacy Board sanction, or, on a month's leave of absence granted by myself, patients who although convalescent, are by no means mentally sane. When the physical health has been re-established, and the patient evinces a desire for home, or when he or she seems to be lapsing into a demented condition, I believe the proper course to pursue is to try the influence of a return to home. The result of my experience is that such cases have recovered much more rapidly and satisfactorily than others of the same class who have passed their term of convalescence in the Asylum. It may occasionally fail, but a greater degree of harm may be expected from too long, than from too short detention.

"In conclusion, I beg to thank you most heartily for your undeviating and kindly support in the management of the Asylum, and trust that you see good reason for still maintaining the general principles on which it is conducted, viz., that its chief function is that of a *curative* hospital for a special class of nervous diseases, to which is superadded the care of chronic cases which cannot fitly be set at liberty; that, being a public establishment, it should exist under the eye of the public, and accordingly is open at all times to the inspection of those who take interest in the general subject of insanity or in particular cases; that the freest communication is permitted between friends and patients; and that the utmost degree of liberty is given to the inmates compatible with their own safety and that of the public."

After an interval of two years, in another report, he reiterates his convictions upon this point.

"A very large number of the former (acute cases).

have been treated in those parts of the asylum where liberty of action is no more controlled than in the wards of a general hospital. It is when recent cases begin to convalesce that the chief benefits of the open door system are observed. When such a patient is gradually regaining his powers of reasoning, when he is no longer—to use a homely, but most significant expression—“out of his judgment,” he finds himself in a hospital having none of the characteristics of a prison, he is treated as a reasonable being, is not locked up as an irresponsible agent, and not being constantly subjected to the humiliation of being shut up under lock and key, he accepts the position of an ordinary invalid in an ordinary hospital, which he leaves with re-established health, and no more disagreeable reminiscences than must necessarily attach to the memory of past sickness. I believe it to be quite practicable to treat eight out of every ten cases of insanity on this principle. You will see in Table IX. that nine of the cases discharged recovered, and fifteen of those discharged improved, had been resident in the asylum for upwards of two years. Eight of these were men who had the fullest liberty of action in the convalescent house at the farm, and who during their residence there had so materially improved as to demand discharge. Several of the women had had similar confidence placed in them, with equally good results. In the reports of Her Majesty’s Commissioners in Lunacy we have been told of many instances of amelioration of the physical and psychical condition of chronic lunatics boarded out in private dwellings. Such cases bear a strong resemblance to those of whom I have just now been speaking and the deduction to be drawn at least in my mind, is that the present prevailing principle of construction of lunatic asylums is erroneous, as it places all the inmates on one dead level. I believe it would be a vast advance, both from a humanitarian and economic point of view, were asylums to consist of a small central hospital and a large number of detached cottages, scattered over a considerable extent of ground. Few lunatics require absolute seclusion, the large majority being quite amenable to discipline of the mildest nature. There is good reason for the belief that many of the violent maniacs and chronic dementeds which crowd our asylums have been developed by a system of indiscriminate restraint, which excites in one man refractory opposition, and in another fosters inactivity of the brain. It is to be feared that this condition must ever be, to some extent, inseparable from all asylums; but it may be very much lessened in extent, degree, and kind. Of course the open door system has its drawbacks, the chief of which is the increased number of escapes. A certain number of patients will break their parole, but if they are not dangerous to themselves or others this is a matter of very little consequence, and it is not unfrequently advantageous to the eloper, as he is then for a time thrown on his own resources. I am given to understand, however, that the escapes from your asylum during the past year have but slightly exceeded those of other institutions, and you may rest assured that the anxiety they have caused is more than counterbalanced by the increased tranquility which has resulted from the system which gives the opportunity. I may mention that the few who are detained in the

locked wards are not submitted to any greater degree of restraint than they would have to undergo in any asylums where the doors are generally locked.”

In several articles upon this subject, in previous numbers of the *ADVOCATE*, we have suggested some changes in the present methods of dealing with the insane, that seemed to us to promise an amelioration of their condition and which might also increase, in a general way, the expectation of their restoration to sanity. For reasons given already, we have perhaps treated the question too exclusively from a single stand-point; namely, the effect of such reform in abating a very widely prevalent prejudice in the public mind against the management of our insane asylums. We cannot, therefore, well forego an attempt to show some of the good effects of such changes of policy, in other aspects.

In the last report of the Secretary of the Illinois Board of State charities, we find the following language. It occurs in the summing up of a thoughtful discussion on the general disposition of the dependent classes. He says, “Yet the fact remains, that there is in all our public institutions, an innate tendency to overgrowth, to inflexibility of regulations, to neglect of individual treatment, to extravagance of expenditure, against which all men who have the welfare of others at heart need to be constantly on their guard.” In this regard, what is true in Illinois, is equally true in the State of New York. The extract given then may serve as a suitable text for what we may have to say in the way of a practical application of our previous remarks to the condition of affairs in our own State.

The American association of Superintendents of Insane Asylums, years ago, passed a resolution, quite unanimously, that no hospital for the insane should contain more than 250 patients; and that 200 was a still better limit. This resolution embodied the experience of a generation of alienists. A later official utterance from the same source, however, increases the maximum number, in deference to circumstances over which they profess to have no control, but which they still regret.

Let us notice now the capacity of the New York State Asylums for the insane. We have one at Utica, that has for years had an average of 600 patients. The Willard asylum at Ovid with a present capacity of 900. The Hudson River Hospital, at Poughkeepsie a capacity for 400. The Buffalo Asylum with a proposed capacity of 500 patients. The Homœopathic institution at Middletown, with a capacity of 200. Leaving out the Willard Asylum, which being designed only for the reception of the chronic insane from county poor houses and which distributes its numbers in a series of buildings, scattered over a farm of several hundred acres, let us inquire into the causes of the overgrowth of the other and curative institutions or hospitals proper.

What then could have originated and multiplied these overgrown establishments, in spite of the expressed judgment of those who had the best means of knowing the proper size for such hospitals; in spite of the fact that such over-size carries with it the other evils enumerated in the extract above quoted, namely, inflexibility of regulations, neglect of individual treatment and extravagance of expenditure. In other words, carries with it a greater misery and a diminished hope of cure to those submitted to their charge.

But the relation of an undue expansion of asylums for the insane to extravagance of expenditure, needs a little further comment. These mammoth institutions involve not only a relatively much larger construction account, than smaller ones, as experience shows; but a corresponding increase in the annual current expenditure for their maintenance. This is the least evil in a pecuniary point of view. The larger the institution, the wider the territory from which the patients are to come. Now careful statistical inquiries have established these facts or laws. That the people send their patients to insane asylums in proportion to their nearness. That on the prompt treatment of insanity all rational hopes of cure depend. And further, as a corollary from these, that on the nearness or remoteness of such institutions from the different sections of the State will depend the amount of chronic insanity, that will remain, an abiding curse to

society and a grinding burden upon the taxpayers.

When corner-stones are laid with pomp and parade, it may be a pretty sentiment for orators to air, that it should be the proud boast of a republican State to build palaces for its dependent classes, but the universal and ugly fact remains, that palaces wherever built, or however occupied, involve the existence of habitations where want, neglect and misery abide.* The provision for the insane in this State will furnish no exception to this general social law. If the term palaces as applied to these new State asylums is regarded by any one as an exaggeration, we refer them to *Harper's Weekly* for Feb. 28th, where views of two of them are given; and the third at Buffalo does not fall behind in show or sumptuousness.

The large appropriation necessary to meet the extravagant expenditures, on the buildings named, comes reluctantly from a tax-burdened people, and this necessitates delay in their completion. This delay in construction, leaves the supply of hospital privileges for the insane to drag, as now, so far behind the need for them, that chronic insanity will still be a cumulative evil, and county poor-houses still continue to furnish inadequate means for the comfort and welfare of the class in question, to the great care and annoyance of County Superintendents of the poor.

But to return to the question with which we started. How comes it that the State has embarked in these unwarranted and costly building projects? The immediate causes are quite obvious. It is the result, in part, of the pride and self-interest of local Boards of Trustees. This structure built at public expense must be an ornament to our city. The larger it is, the more money from abroad comes annually flowing in to meet its current expenses. In part, from the vanity of architects, who would build a monument to themselves at the State's expense. And again, from the erroneous ideas of experts, who furnish the general outline of the plans for the purpose. These last devote no small share of their time and thought, as their annual reports and discussions show, to the study of the appliances for comfort

* See Note last page.

and convenience rather than to means of cure, and so they come to feel a pride in completeness of buildings and appointments, sometimes in forgetfulness of the cost. We do not mean to say in either case, that there is any very deliberate or conscious purpose of involving the State in unnecessary expense, but it follows rather from the want of a proper consideration, on the part of the persons named. The more remote and real source is in the absence of some general policy that could grasp and comprehend this most difficult problem of the social science of our time; namely, the best mode of meeting the needs of the insane; a policy that should rise above matters of personal concern and convenience, and consult the general rather than local interests. This we shall not have till there is established an efficient system of inspection, supervision and control, representing the State or public interest, above and apart from the local boards that have the immediate charge of such institutions.

What such a commission would find to do and how thoroughly the work may be done, can be seen in the annual reports of the several Boards of Lunacy in Great Britain. The last report of the English Commissioners is now before us. They periodically visit every lunatic asylum, public or private, in the kingdom. They see every patient and give them an opportunity for conversation, without the hearing of the officers. They investigate every grievance and prosecute every official or employe, guilty of neglect or abuse of patients under their charge. They advise as to the construction of new asylums, and the improvements to be made in old establishments. They prepare comparative tables, embracing all institutions subject to their visitation, of all details of management, &c. They commend economy of administration or rebuke the want of it, as occasion may require. A single illustration will show the range, as well as the spirit of their oversight. Bethlehem Hospital is a corporate institution founded by the benevolence of a former generation. Its managers, though perhaps obeying the letter of their trust, had fallen behind in fulfilling its spirit, which is the amelioration of the condition of the insane. Its revenues amount to more than

\$115,000 annually, and it was providing for the maintenance of only 210 patients; that is to say, at a weekly average cost of \$10,00 for each patient. Accordingly, the Earl of Shaftesbury, Chairman of the commission, gave them the following gentle hint of their neglect of duty. "The public have a right to ask from the Governors of Bethlehem the full benefit of the magnificent revenue in their possession."

In fact, so minute and efficient is their supervision and so complete their reports of it, that there is no excuse for other than intelligent legislation upon the subject.

With such a system of supervision, in this State, and established twenty years ago, should we have had the just complaints of the State Comptroller, as in his last report, because two State institutions, now being erected for the accommodation of nine hundred patients, that were estimated to cost a million and a half, would probably expend three times that sum before completion? On the contrary, with such a supervision, we might have had every insane man and woman in the State comfortably housed and provided with all the remedial means that professional experience could suggest, and at a less expense to the public treasury than has already occurred, and their needs not half supplied.

If this statement is doubted, we can mention the fact that during this same period, the Willard Asylum at Ovid has been growing up, that fully demonstrates the practicability of supplying at a reasonable expense just the accommodations the insane of the State need. Nine hundred patients are provided for at a cost of some \$850,000.

Of this establishment, designed it will be remembered for the chronic insane, Dr. Wilkins of California, after visiting all the leading institutions of this country and Europe, thus speaks in his report to the legislature of that State. After speaking of its splendid location and beautiful and picturesque surroundings and the intelligence and zeal of its officers, he adds, "We failed to discover even the shadow of a reason, why a person becoming insane in the neighborhood of this beautiful asylum should be sent to Utica because he was considered curable, and that one in Utica should be sent to Ovid, because

the reverse of this was true. It would seem infinitely better that each asylum should admit all of either class occurring in their respective vicinities. They should be as successfully treated at the one asylum as at the other."

Perhaps, in the minds of some not familiar with the subject, the further question may arise, may not all this expensive outlay in the way of buildings and appointments; this array of means of comfort and convenience purchase a greater hope or prospect of cure to those submitted to their influence; a reduction in the annual cost of maintenance?

A negative answer must be given. For the statistics of our asylums show that the ratio of recoveries is, at least no greater now than thirty years ago. There have been it is true great advances made in our knowledge of the pathology of insanity, and there has been introduced a variety of important remedial agencies, unknown to the last generation of alienists, and yet what has been gained in these respects has seemingly been counter-balanced by a corresponding falling off in the efficacy of what is called the moral treatment. Class treatment has been substituted for individual treatment.

Dr. Maudsley, the President of the British Medico-psychological association, puts the matter in its true light, when he says, speaking of the combined application of the Medical and moral treatment,—"It should be especially directed to the character and circumstances of the individual case; it is necessary to penetrate the individual character, in order to influence it beneficially by moral means, and to investigate carefully the concurrence of conditions that have issued in insanity, in order, so far as possible, to remove them. Not the least of the evils of our present monstrous asylums is the entire impossibility of anything like individual treatment in them. To the medical officer these are not so many *individuals*, having particular characters and particular bodily dispositions, with which he is thoroughly acquainted, but they are apt to become so many lunatics, whom he has to inspect as he goes his round of the establishment, as he inspects the baths and the beds; and the only person, perhaps, really aware that each of them has an individual character, is the attendant.

Herein lies a reason why the best possible treatment in some instances undoubtedly is to remove a patient from an asylum to the care of his own friends. . . . Indeed, I cannot help feeling, from my own experience, that one effect of asylums is to make some permanent lunatics; continually living in the atmosphere of the worst lunacy, certain patients seem to become impregnated with its baneful inspiration, and after a time sink to the situation. And I can certainly call to mind more than one instance in which I thoroughly believe that the removal of a patient from an asylum was the salvation of his reason."

Fortunately, now, we have a Board of State Charities, supplemented, in the legislation of last year, by the appointment of a Commissioner of lunacy, whose function it is to do substantially what the British Boards of lunacy do and clothed with corresponding powers. For the future, then, it is to be hoped that the blunders of past legislation may not be repeated, either in the way of construction accounts or general policy of management. It is to be hoped that there will be no more of that inconsistent legislative action; piling statute upon statute to satisfy an unreasonable and unwarranted popular prejudice, and then building mammoth establishments, from which waste and abuses cannot be entirely kept in spite of the vigilance of the officers in charge. To be sure, the work of reformation devolving upon these Commissioners is not a very encouraging one. The mischief is, these huge establishments, already built, with their massive walls and permanent appointments of every kind, tend to stamp upon the State, for years to come, a policy of management for the insane that it should outgrow; following in the steps of the highest European civilization.

We have discussed this topic in a very imperfect way, we are aware; partly, because in a weekly paper, we could touch but briefly upon any single point; and, partly, because beginning with the purpose of writing but one article, the subject grew on our hands in an unexpected manner. In conclusion, we cannot better sum up the general views to which we have tried to give expression, than by a quotation from Dr. Arlidge, on Lunacy, which tersely embodies the re-

sults of the latest scientific and humanitarian experience upon the subject.

"Every day adds conviction to the impression that the less the insane are treated as exceptional beings, the better it is both for their interests and for those who superintend them. In other words, the grand object to be kept in view, when providing for the accommodation of the insane, is to assimilate their condition and the circumstances surrounding them as closely as possible to those of ordinary life."

NOTE.—We have referred to the general social law, that palaces and palatial habits of living imply the existence of habitations and mode of life, the very reverse of these. While our articles were going through the press, a very pertinent illustration of this truth has come under our notice. We have received the last annual report of the Pennsylvania Hospital for the Insane, at West Philadelphia; and also a report of the Pennsylvania State Board of Charities. In the former document, we have quite an elaborate statement of the plans, purposes and results of one of the most admirably managed institutions for the insane, in this or any other country. Buildings, grounds and appointments of every kind, are in all respects of the most perfect character. All this prime outlay is the result of the benevolence of residents of Philadelphia and vicinity. And perhaps, the best feature of all is the fact that "purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted

of every class, profession, or creed." To show how lavishly money is spent to meet the supposed needs of the patients and to minister, even, to their fancied wants, it may be mentioned, that the actual cost of board and maintenance of each of its 400 patients was about nine dollars a week. In the effort to constantly supply its wards with a mild and healthful atmosphere, in the temperate climate of Philadelphia, the annual cost of fuel for each patient was forty-five dollars.

In the other document referred to, it is stated "that there are now twice as many of the insane poor languishing in the dens and dungeons of the poor-houses and prisons of Pennsylvania, than thirty years ago." A most painful record of their condition is given. Squalor, nakedness, foul air and exposure to the cold of Winter are added to the general sufferings that attend their malady.

In view of these two classes of facts, brought in suggestive nearness by a coincidence in the place and date of their publication, a broad spirit of philanthropy, might raise these questions.

By a reduction in the general scale of expenditures of the Pennsylvania Hospital for the Insane, to that of many well-managed State Institutions; say, at an average weekly cost of five dollars, per patient, might not nearly another four hundred, be well cared for, who are now neglected, miserable and hopeless? Or, again might not some of the fuel now consumed in the same institution, not alone in warming its ample halls, but in rendering the air so fresh and delicate, as not to offend the most fastidious nose; might not some of the fuel be saved for the benefit of the poor shivering wretches, that the labors of the Board of State Charities have brought to light?

